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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |   |   |                            | Application or Docket Number<br><b>10/596,997</b> | Filing Date<br><b>04/09/2007</b> | <input type="checkbox"/> To be Mailed |                                  |           |                        |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|---|---|---|----------------------------|---|----------------------------------|---------------------------------------|----------------------------------|-----------|------------------------|----------------------------|--|--|--|------------|------------|---------------------------------------|--------------|----|--|--------------|--------------|--------------|-------------------|---|----------|---|------------------|---|------------------------|-----------|------------------------|------------------------|------|-------|--|-----|--------|-----|----|----------|---|---|-----|-------|------|-----|--------|--|----------------------------------|------------|---|--|--|--------|--------------------|--|--------------------|---|--------|--|--------|--|---|---|--------------------|-------|---|------------|------------|--|-----------|------------------------|-----------|------------------------|-----------|--|---|--|---|------------------|-----------|------------------------|-----------|------------------------|------------------------|---|-------|----|---|--------|--|----|--------|--|------------------------------|---|-------|-----|---|--------|--|----|--------|--|--|--|--|--------------------|--|--------------------|--|---|--|--|--|--------------------|--|--------------------|--|---|
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| APPLICATION AS FILED – PART I   |   |   | OTHER THAN<br>SMALL ENTITY |   |                                  |                                       |                                  |           |                        |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| (Column 1)  | (Column 2)  | SMALL ENTITY <input type="checkbox"/>     | OR                         |   |                                  | SMALL ENTITY                          |                                  |           |                        |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| FOR   | NUMBER FILED  | NUMBER EXTRA                              | RATE (\$)                  | FEE (\$)  | RATE (\$)                        | FEE (\$)                              |                                  |           |                        |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))   | N/A   | N/A                                       | N/A                        |   | N/A                              |                                       |                                  |           |                        |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))  | N/A   | N/A                                       | N/A                        |   | N/A                              |                                       |                                  |           |                        |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))   | N/A   | N/A                                       | N/A                        |   | N/A                              |                                       |                                  |           |                        |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))  | minus 20 =  | *   | X \$ =                     |   | X \$ =                           |                                       |                                  |           |                        |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | minus 3 =   | *   | X \$ =                     |   | X \$ =                           |                                       |                                  |           |                        |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
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| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))  |   |   |                            |   |                                  |                                       |                                  |           |                        |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
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| APPLICATION AS AMENDED – PART II  |   |   | OTHER THAN<br>SMALL ENTITY |   |                                  |                                       |                                  |           |                        |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| (Column 1)  | (Column 2)  | (Column 3)                                | SMALL ENTITY               | OR  |                                  |                                       | SMALL ENTITY                     |           |                        |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| AMENDMENT   | <b>05/29/2009</b>   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR       | PRESENT<br>EXTRA                 | RATE (\$)                             | ADDITIONAL<br>FEE (\$)           | RATE (\$) | ADDITIONAL<br>FEE (\$) |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|   | Total (37 CFR 1.16(i))  | * 41                                      | Minus                      | ** 49   | = 0                              | X \$ =                                |                                  | OR        | X \$ 52=               | 0                          |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|   | Independent (37 CFR 1.16(h))  | * 2                                       | Minus                      | ***3  | = 0                              | X \$ =                                |                                  | OR        | X \$ 220=              | 0                          |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |                            | TOTAL ADD'L<br>FEE                                |                                  | TOTAL ADD'L<br>FEE                    |                                  | 0         |                        |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |                            | TOTAL ADD'L<br>FEE                                |                                  | TOTAL ADD'L<br>FEE                    |                                  | 0         |                        |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|   | (Column 1)  | (Column 2)                                | (Column 3)                 | RATE (\$)   | ADDITIONAL<br>FEE (\$)           | RATE (\$)                             | ADDITIONAL<br>FEE (\$)           |           |                        |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| AMENDMENT   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR       | PRESENT<br>EXTRA                 | RATE (\$)                             | ADDITIONAL<br>FEE (\$)           | RATE (\$) | ADDITIONAL<br>FEE (\$) |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|   | Total (37 CFR 1.16(i))  | *   | Minus                      | **  | =                                | X \$ =                                |                                  | OR        | X \$ =                 |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|   | Independent (37 CFR 1.16(h))  | *   | Minus                      | ***   | =                                | X \$ =                                |                                  | OR        | X \$ =                 |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |                            | TOTAL ADD'L<br>FEE                                |                                  | TOTAL ADD'L<br>FEE                    |                                  | 0         |                        |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |                            | TOTAL ADD'L<br>FEE                                |                                  | TOTAL ADD'L<br>FEE                    |                                  | 0         |                        |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |                   |   |          |   |                  |   |                        |           |                        |                        |      |       |  |     |        |     |    |          |   |   |     |       |      |     |        |  |                                  |            |   |  |  |        |                    |  |                    |   |        |  |        |  |   |   |                    |       |   |            |            |  |           |                        |           |                        |           |  |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |    |        |  |                              |   |       |     |   |        |  |    |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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Legal Instrument Examiner:  
/DORIAN P. EVANS/